

DRIVER LICENSE / IDENTIFICATION CARD APPLICATION

Type: ☐ Driver License ☐ Motorcycle ☐ Commercial (CDL) ☐ Instruction Permit ☐ Identification Card You are required by ARS 28-3158 (D)(5), 28-3165 (F) and 42 USC 405 (c)(2)(C) to provide your Social Security Number. It will be used to verify your identity and to comply with federal and state child support enforcement laws. It will not be used as your driver license or identification card number. 40-5122 R06/08 www.azdot.gov Social Security Number Applicant Name (first, middle, last, suffix) Residence Street Address State Zip Mailing Address (if different from above) City State Zip ☐ Street Mailing Which address do you want to appear on your license? Sex Weight Height Eve Color Hair Date of Birth ■ Male □ Female Current License Number Name on Current License or ID (if different from above) Class State Issue Date **Expiration Date** Operator ■ Motorcycle □ Commercial (CDL) □ Identification Card CDL Applicants: * Must show current Social Security card at time of application. Alien Registration # (HazMat applicants only) I certify that I comply with CFR 49 Section 391, medical Qualification of Drivers. States Where You Held Any Type of Driver License in the Last 10 Years (CDL applicants only, CFR 49 Section 384.206) ☐ Yes ☐ No Has your driving privilege ever been suspended, disqualified, canceled, denied or revoked? Dates Reasons If Yes: ☐ Yes ☐ No Is your driving privilege **now** suspended, disqualified, canceled, denied or revoked? ☐ Yes ☐ No Do you have a license from more than one state or jurisdiction? State ☐ I am active duty military or family member. ☐ My vehicle is registered in another state (indicate which state): ☐ I am an out-of-state student or family ☐ I want to be an organ and tissue donor. By checking this box, Donor Network of AZ will add me to the Donate Life AZ Registry. ☐ I want to show a medical alert condition on my license/ID (must submit physician or registered nurse practitioner statement). I also want this alert maintained on my permanent computer record. (If not checked, when you reapply or request a duplicate, the alert will not appear on your license/ID unless you resubmit a physician or registered nurse practitioner statement.) □ I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is **not** a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners. Specify Party Preference Your decision to register to vote or Are you a citizen of the United States who wishes to ☐ Yes ☐ No not, and where you submitted your register to vote? application, will remain confidential. □ No Do you have a physical/mental illness, alcohol/drug dependency or are you taking any medications that could affect your Yes ability to drive? (driver license applicants only) Please Explain Have you ever been determined to be incapacitated by a court? (driver license applicants only) ☐ Yes All Applicants: I certify that the information above is true and correct. I understand that I must report a change of address or name to MVD within 10 days. All Driver Applicants: I understand the laws, rules and regulations described in the Arizona Driver License Manual, and that I must report to MVD in writing, within 10 days, any medical condition that develops or worsens that may affect my ability to safely operate a motor vehicle. Male Applicants Under 26: By submitting this application, I consent to registration with the Selective Service System if I am required to register under federal law. If I am under 18, I understand that I will be registered as required by federal law when I become 18. Duplicates Only: Males under 26 applying for a duplicate license, endorsement or duplicate ID, have the option of registering with the

Selective Service.

Yes, I consent to registration.

No, I do not consent to registration.

Voter Registration: I certify that I am not a convicted felon or my civil rights have been restored, and that I have not been adjudicated incompetent. I certify that I am a United States citizen. Submitting a false voter registration is a class 6 felony.

Applicant Signature (If under 18, Legal Guardian certificate on the back must be completed.)										
Δ	cknowledged befor	e me this date.	Notary or MVD Agent Signature							
Ī	Date	County		State	Commission Expires					

	Relationship To Applicant (check one). #1 & 2 require only one signature; #3 may require one or more, depending on the proof provided; #4 requires both. 1. Natural parent, married to other natural parent 2. Natural parent with sole custody 5. Other:													
	□ 3. Full legal guardian (proof required)													
te dia	This certificate is for a driver license or permit application. I am responsible for any negligence or willful misconduct caused by the minor applicant.													
Legal Guardian Certificate	Signature				Signature									
	Printed Name				Printed Name									
	Acknowledged before me this date.	Notary or MVD Agent Signature	е		Acknowledged before me this date.									
	Date	County	State	Commission Expires	Date	County	State	Commission	Expires					
Driving Practice Certificate	The applicant completed at least 30 hours of supervised driving practice , including at least 10 hours at night for a graduated driver license; at least 30 hours of motorcycle riding practice for a motorcycle license or motorcycle endorsement.													
	Signature	you namy practice for a more			Signature									
	Printed Name				Printed Name									
	Acknowledged before me this date.	Notary or MVD Agent Signature	е		Acknowledged before me this date.	•								
	Date	County	State	Commission Expires	Date	County	State	Commission	Expires					
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M	edical	Observati	ons												ı	Medica	l Certif	icate	Expires	MVD	Agent	
Birth Certificate State/Control # Tribal CIB # Citizenship/li								zenship/In	mmigration Type/Form # Social S					Security #					Background Check Date			
State Driver License/ID Card #					Issue Date Exp. D			Date Credit Card			•	Issuing Institution						Exp. Date				
Additional Documents														<u> </u>				MVD Agent				
			Visual A	cuitv						Vis	sual Field	d										
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2nd	Date		Series	Series Grade MV		VD Agent			Date		Series	Air Brk	Comb	Н	М	N	Р	S	Т	MVD	Agent	
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1st	Date		Series	Grad	le M\	MVD Agent			Date		Pre-Trip (CDL)		Basic (sic Cntl (CDL)		SK/RT			MVD	Agent		
2nd	Date		Series	Grad	le M\	MVD Agent			Date		Pre-Trip (CDL)		Basic Cntl (CDL)		DL)	SK/RT			MVD	Agent		
3rd	Date		Series	Grad	le M\	MVD Agent D			Date		Pre-Trip (CDL) Bas			Basic (sic Cntl (CDL)			SK/RT			MVD Agent	
	1st 2nd 3rd Points Actual Drivin 10 ea Fails to make full stop						Driving	ı Test		+					Automatic Failure							
								, 1001			g					(describe below)						
				10 ea Crowding center line							A - Struck pylon					E – Involved in				accident		
				10	ea Fol	Following distance Right of way to vehicle or p Over speed limit (within 5-1					B - Distance from curb C - Jumped curb or took too l					F - Dangerous				action		
				10	ea Rig					an						ng	g G - Serious viol				lation	
				10	ea Ov						D - I	nability a	tempts	3	Н -	- Refu	sed in	struction	ıs			
				4 6	ea Ch	oice of pro	oper la	ne	Immediate Reje						Rejec	ejection: I – Failed vehicle inspection						
				4 6	ea Sig	Signaling Use of brakes					Comments											
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